

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

1068815

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	2					
TOTAL DEP.	257	↔	↔	↔		
TOTAL CLAIMS	259	██████	██████	██████		

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.												
TOTAL DEP.		↔	↔	↔								
TOTAL CLAIMS		██████	██████	██████								